| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | 'Application or Docket Number | | | | |
|---|---|---|---------------|---|------------------|-------|-------------------------------|------------------------|------------|---------------------|------------------------|
| | | | | | | | | 09/653563 | | | |
| | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | E I | ENTITY | OR | OTHER SMALL | |
| FC |)R | NUMBI | NUMBER FILED | | NUMBER EXTRA | | Έ | FEE | 1 | RATE | FEE |
| BA | SIC FEE | | | | | | • • • | 345.00 | OR | | 890.00 |
| TC | TAL CLAIMS | | /60 minus 20= | | 140 | | 9= | | ОЯ | X\$18= | 2520 |
| INE | EPENDENT CL | AIMS | 35 minus 3 = | | • 32 | | X39= | | OR | X78= | 2496 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +130a | | OR | +260= | |
| " If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | AL | | OR | TOTAL | 57/4 |
| , CLAIMS AS AMENDED - PART II | | | | | | | - | | J ~ | OTHER | THAN |
| Ľ | (Column 1) (Column 2) (Column 3) | | | | | SMA | LL | ENTITY | OR | SMALL | |
| ENT A (| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHESY NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| WOJ | Total · | . \$ | Minus | - 16.0 | a | X\$ |)= | | OR | X\$18= | |
| AMENDMENT | Independent | • 1 | Minus | 35 | • | Х39 | . | | OR | ` X78≃ | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |) - | • | OR | +260= | |
| | | | | | | L_76 | TAL | | 00 | YOYAL | |
| . (Column 1) (Column 2) (Column 3) | | | | | | | FEE | | | ADDIT. FEE | |
| AMENDMENT B | | CLAIMS REMAINING | | HIGHEST NUMBER | PRESENT | | 7 | ADDI- | 1 | | ADDI- |
| | | AFTER AMENOMENT | · . | PREVIOUSLY PAID FOR | EXTRA | RATI | E | TIONAL FEE | | RATE | TIONAL |
| | Total | .37 | Minus | /60 | | X\$ 9 |)= | | OR | X\$18= | |
| | Independent | · 5 | Minus | PENDENT CLAIM | | X39 | • | | OR | X78,≈ | |
| H | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |)= | | OR | +260 = | |
| | | | | | | | YAL | | OR | TOYAL ADDIT, FEE | |
| 2-28-0 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| NTC | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| ğ | Total | . 31 | Minus | -/60 | | X\$ 9 | | | OR | X\$18= | |
| AMENDMENT | Independent | . 33 | Minus | ··· 35 | • | X39 | . 1 | | OR | X78= | |
| F | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <u>_</u> | | OR | +280= | |
| ١. | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | 00 | TOTAL | |
| "If the "Mohart Mumber Products Paid For IN THIS SPACE is less than 3, miler "3." | | | | | | | | | | | |
| The "Fighest-Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

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PTO/SB/06 (08-03)

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Approved for use through 7/31/2006. OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 91653563 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR-1.16(c)) minus 20 = X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II 4-10-06 OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CL AIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-EN **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) ENDM Minus 60 OR Independent (37 CFR 1.16(b)) Minus 35 X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ REMAINING NUMBER PRESENT RATE -ADDI-RATE ADDI-AFTER AMENDMENT **AMENDMENT** PREVIOUSLY TIONAL TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) Minus OR X \$ Independent (37 CFR 1.16(b)) Minus x s = OR X 5 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.16(d)) OR = TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST O PRESENT REMAINING NUMBER "RATE ADDI-RATE ADDI-ENT AFTER **PREVIOUSLY** EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus ENDM (37 CFR 1.16(c)) x's OR Minus X S OR x s FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL TOTAL ADD'L FEE ÓR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" IN THIS SPACE is less trian 3, enter "5".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".